

Nonmedical Administrators For District Health Units In New York State

By ROBERT M. SAMET

THE SHORTAGE of public health physicians and the resulting problem of maintaining and improving local public health services has resulted in a growing interest in recent years in the possibility of delegating to trained nonmedical administrators certain activities and responsibilities which do not require specialized professional and technical skills. In May 1951, a report (1) of the Committee on Professional Education, American Public Health Association, stated that the "need for nonmedical administrative personnel is large and presumably will be an increasing one for some time to come." This report described a broad range of activities in which nonmedical administrative personnel are engaged and outlined desirable training, experience, and qualifications of nonmedical administrators.

Stimulated by this report, the New York State Department of Health conducted a study during 1953 to determine whether the services of nonmedical administrators might profitably

Mr. Samet, a training technician in the office of personnel administration, New York State Health Department, conducted this study during an assignment as a public administration intern in the department's division of local health services. Before undertaking this study, Mr. Samet was given a comprehensive orientation in the organization, operating policies, and procedures of the New York State Department of Health; this included a brief period in a district health office in New York State.

be included in the existing organization of the district health offices in the State.

District State health offices in New York State are field units of the State department of health. These units and their staff serve the counties and municipalities of the State which do not have full-time city or county health departments. At the present, 16 counties in the State have full-time health departments and receive financial aid from the State, and there are 15 district State health offices.

All cities of over 50,000 population in the State are required to have a full-time health officer. In the district health offices, such staff functions as planning, budgeting, personnel, health education, and statistical services are performed by the central office of the State Department of Health at Albany. However, the district State health officer and his staff assist localities in performing these functions for counties which do not have county health departments but which employ field professional staff such as public health nurses, dental hygienists, clinicians, and sanitary inspectors.

In New York State, it must be noted, the State department of health and local official public health agencies do not have legal responsibility for mental health, industrial health, or school health except in the cities of Buffalo, New York, and Rochester. The district State health officer, however, works in conjunction with the representatives of the responsible agencies.

Method of Study

During September and October 1952, I visited 2 district State health offices for a total of 5 weeks. These included a small rural district, 94,606 population, and a large urban district, 288,025 population. The major portion of the time was spent with the district State health officers since they perform the majority of administrative functions.

A time study record was maintained for vari-

ous activities—dictation, program planning, conferences, and so forth—and the various health programs such as medical rehabilitation, cancer control, communicable disease control. This time schedule was designed to reveal three types of information: (a) the amount of time devoted to work of a technical or medical nature; (b) the portion of the working time not requiring technical or medical skills; and (c) the portion of time devoted to activities requiring professional prestige, lacking which it might be difficult for the specific task involved to be performed.

In addition, discussions in the 2 offices with the 8 persons interviewed and the 2 persons observed revealed their views regarding the usefulness and possible functions of nonmedical administrators if such positions were introduced into the district health office organization in the State.

Summary of Observations

Neither the number of districts surveyed nor the 5 weeks allotted to the study was sufficient to permit the formulation of definite conclusions. Furthermore, the workload and activities in the district health offices vary according to the time of the year so that the limited period of the study may not have been fully representative of the expenditure of time by the district office staff. Nevertheless, a number of observations could be made from the data collected. Four of these are given below.

1. Approximately one-half of all the activities of district State health officers are concerned with the performance of administrative (non-technical) functions which do not require medical public health knowledge or skills. These activities consume about one-half of the officer's working time.

2. Of the district State health officer's total activities, approximately 25 percent include a factor of professional prestige, the lack of which might impede the performance of such activities by a person without a medical degree. However, only 12 percent of the total nonmedical activities performed included the professional prestige factor.

The factor of professional prestige was judged on the assumption of a nonmedical ad-

ministrator's having little or no prestige initially. It is quite possible that a capable nonmedical administrator could, in time, develop personal prestige so that he would be able to deal with the many situations which, at the time of the study, demanded the professional stature of a physician. This belief is influenced somewhat by the known performance or history of the many hospital administrators who do not possess medical degrees, but who through the years have gained stature in a professional environment similar to that in which a nonmedical administrator would work.

3. Discussions with the professional personnel revealed that those interviewed look favorably upon the concept of a nonmedical administrative position in the district State health offices.

4. Medical health officers freed from performing those activities not requiring special medical training would have almost 50 percent more time to devote to duties which require medical and public health knowledge and judgment.

This conclusion is based on the premise that nonmedical administrators will in time develop sufficient personal prestige to relieve the district State health officer of a large portion of the administrative functions requiring the stature of a physician. If this premise is not granted, the district State health officer could still be relieved of 44 percent of his functions which would enable him to become more active in the newer fields of public health.

Although this study does not attempt to reach any final conclusions concerning the usefulness of nonmedical administrators in district health offices in New York State, it would appear from the observations that by proper use of trained nonmedical administrators in district offices, the professional medical, nursing, and engineering staff would have more time available for the performance of duties for which they are specifically trained and equipped.

These observations suggest the desirability of further studies of this nature. A similar study is now being planned to determine whether nonmedical administrators might profitably be used in the full-time county and city health departments of the State. Consideration must be given also to the need for inservice training of

the professional staff in order to make the best use of nonmedical administrators.

A Job Description

The following is a listing of suggested or possible functions of a nonmedical administrator in a district health office in New York State.

Administrative functions

Assisting in analyzing and appraising district State health office programs in accordance with standards established by the program director.

Assisting in the administrative phases of planning district State health office programs in accordance with standards established by the program director.

Resolving internal administrative conflicts and difficulties; that is, organizational relationships, internal controls, work simplification.

Arranging for clinics, conferences, and meetings; that is, location, space, scheduling, clearance, and publicity.

Advising and providing consultation on program coordination and planning.

Preparing for the signature of the district State health officer correspondence for which no medical training is required; that is, with children's courts and other agencies, staff offices of the State health department, or on the subject of postgraduate training, and so forth.

Authorizing and being responsible for the routine processing of medical rehabilitation and maternal and child health clinic report forms.

Surveys and special studies

Analyzing information regarding the need for clinics insofar as geographic location and frequency of clinic sessions are concerned; preparing conclusions and recommendations of such analyses for the use of the district State health officer.

Conducting surveys and special studies to assess the needs of community health services; in collaboration with the professional staff, translating the results in terms of program needs.

Performing research for the purpose of appraising and preparing recommendations or re-

ports on existing or proposed programs within the district.

Tabulating and making graphic presentations of statistical data.

Assembling material for executive action by the district State health officer or the local health department.

Education opportunities

Assembling appropriate materials for the use of members of the district staff in preparing talks, articles, and so forth, and for general information.

In liaison with official and nonofficial agencies, assisting community groups and so forth.

Upon invitation, assisting voluntary groups in activities pertaining to public health demonstration projects.

Obtaining material for the preparation of press releases by the district State health officer, district supervising nurse, and other district office staff members.

Establishing a clearinghouse for written educational material, routing such material to proper staff members as well as to professional and other groups and individuals in the district.

Reviewing State programs and standards with local health personnel and guiding them when necessary.

Budgetary assistance

Assisting in the preparation of budget proposals and justification for State aid application by county public health committees and boards of managers of county and city laboratories.

Reviewing public health budgets for conformity to the standards and limitations established by the State commissioner of health.

Assisting in the adjustment of claims by the counties for State aid reimbursement.

Investigation and inspection

Participating in epidemiological investigations, case-finding programs, and activities relating to the control of communicable diseases and other diseases.

Inspecting laboratories using live animals for conformance to requirements for the use of live animals.

Performing general supervision of local vital statistics registrars within the district.

Conducting inservice training programs and making provisions for extension courses.

Personnel responsibilities

Recruiting and inducting clerical employees.
Orientating all new employees.

Scheduling vacations, and leaves of absence, and reviewing and approving time records, accident reports, expense vouchers, and all other personnel or fiscal transactions.

REFERENCE

- (1) Professional education. Report of the chairman of the Committee [on Professional Education] to the Governing Council [of the American Public Health Association], October 1950. Am. J. Pub. Health 41 : 57, May 1951, part 2.

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